



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

REPORT #

By Carol Day at 9:53 am, Dec 19, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

| | | |
|------------------------------------|-----------------------------------|---|
| ALCO SENSOR IV SN 105445 | PRINTER SN 097.3584.347 | DATE OF INSPECTION 12/14/2014 |
|------------------------------------|-----------------------------------|---|

| | |
|---|--------------------------------------|
| LOCATION OF INSTRUMENT (STREET AND CITY) Platte County Sheriff's Office, 415 E Third Street Platte City, MO 64079 | TIME OF INSPECTION 9:50 am |
|---|--------------------------------------|

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) **26°C**

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER **Guth Laboratories** LOT # **13210** EXP. DATE **07/29/2015**

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) **34.0c** SIMULATOR SN **SD2780** SIMULATOR EXP DATE **07/15/2015**

☒ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 **0.102**

TEST 2 **0.100**

TEST 3 **0.099**

☒ RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

| | | | | | | | | | | | |
|----------|----------|---------|----------|-----------|----------|-----------|----------|-----------|----------|------------|----------|
| REFUSALS | 0 | (0-.04) | 0 | (.05-.09) | 0 | (.10-.14) | 0 | (.15-.19) | 0 | (OVER .19) | 0 |
|----------|----------|---------|----------|-----------|----------|-----------|----------|-----------|----------|------------|----------|

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE

Deputy Meghan Blackmore

PRINT NAME

Meghan Blackmore

TYPE II PERMIT NUMBER/EXPIRATION DATE
240404 11/20/2016

TELEPHONE NUMBER

(816) 858-2424

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 00329

Temp Date Time 210L

Air Blank:
12/14/14 09:50 .000
Subject Test: Auto
26 12/14/14 09:50 .000

Subject Name

Sober Sample
Subject I.D.

Operator Name, I.D.

Deputy Meghan Blackmon
Location 135/A420
415 E Third St
Platte City, mo 64079
Permit # 240404
expired: 11/20/2016

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 00330

Temp Date Time 210L

Air Blank:
12/14/14 09:54 .000
Calibration Check:
27 12/14/14 09:54 .102

Subject Name

Test 1
Subject I.D.

Operator Name, I.D.

Deputy Meghan Blackmon
Location 135/A420
415 E Third St
Platte City, mo 64079
Permit # 240404
expires: 11/20/2016

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 00331

Temp Date Time 210L

Air Blank:
12/14/14 09:57 .000
Calibration Check:
27 12/14/14 09:57 .100

Subject Name

Test 2
Subject I.D.

Operator Name, I.D.

Deputy Meghan Blackmon
Location 135/A420
415 E Third St
Platte City, mo 64079
Permit # 240404
expires: 11/20/2016

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 00332

Temp Date Time 210L

Air Blank:
12/14/14 10:00 .000
Calibration Check:
27 12/14/14 10:00 .099

Subject Name

Test 3
Subject I.D.

Operator Name, I.D.

Deputy Meghan Blackmon
Location 135/A420
Permit # 240404
expires: 11/20/2016
415 E Third St
Platte City, mo
64079

AS IV Serial no: 105445
Version no: 532B

TEST RECORD 00333

Temp Date Time 210L

VOID: RFI
12 12/14/14 10:11

Subject Name

RFI Detection
Subject I.D.

Operator Name, I.D.

Deputy Meghan Blackmon
Location 135/A420
Permit # 240404
expires: 11/20/2016
415 E Third St
Platte City, mo
64079



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

**PERMIT
TYPE II**

MEGHAN M BLACKMORE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE **11/20/2014**

NUMBER **240404**

EXPIRES **11/20/2016**

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

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|--|--|
| | STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM |
| | INSTRUMENT OPERATOR CARD |
| <small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small> | |
| | |
| Operator BLACKMORE, MEGHAN Permit No 240404 Date Issued 11/20/2014 Date Expires 11/20/2016 | |